Chapter 2. Eligibility benefit verification

The Eligibility Benefit Verification function in EVS is used to confirm member eligibility. The logged in user is able to request eligibility confirmation for the Nevada Medicaid and Nevada Check Up program as well as Managed Care Organizations (MCO) and Third Party Liability (TPL).

The eligibility request is sent to the Nevada Medicaid Management Information System (MMIS) and the response screen returns the requested information, if the recipient is eligible. The information in EVS is updated daily from NV MMIS. EVS can return recipient eligibility for the present month or for up to six years in the past.

2.1. Verifying eligibility

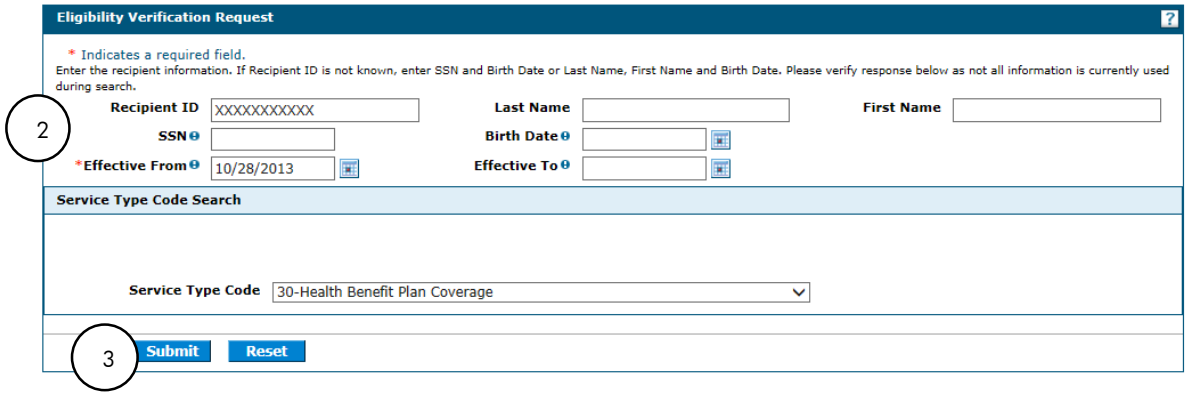
To access Eligibility, you will need to log in and navigate to the My Home page. To perform an eligibility verification request in EVS, all of the following are required:

- An 11-digit Recipient ID, nine-digit SSN, or Last Name and First Name
- Birth Date when searching by nine-digit SSN, or Last Name and First Name
- Effective Date

To access the eligibility request:

1. Click the **Eligibility** tab on the My Home page.

The Eligibility Verification Request page displays.



2. Enter member information. All fields with a red asterisk (*) are required.

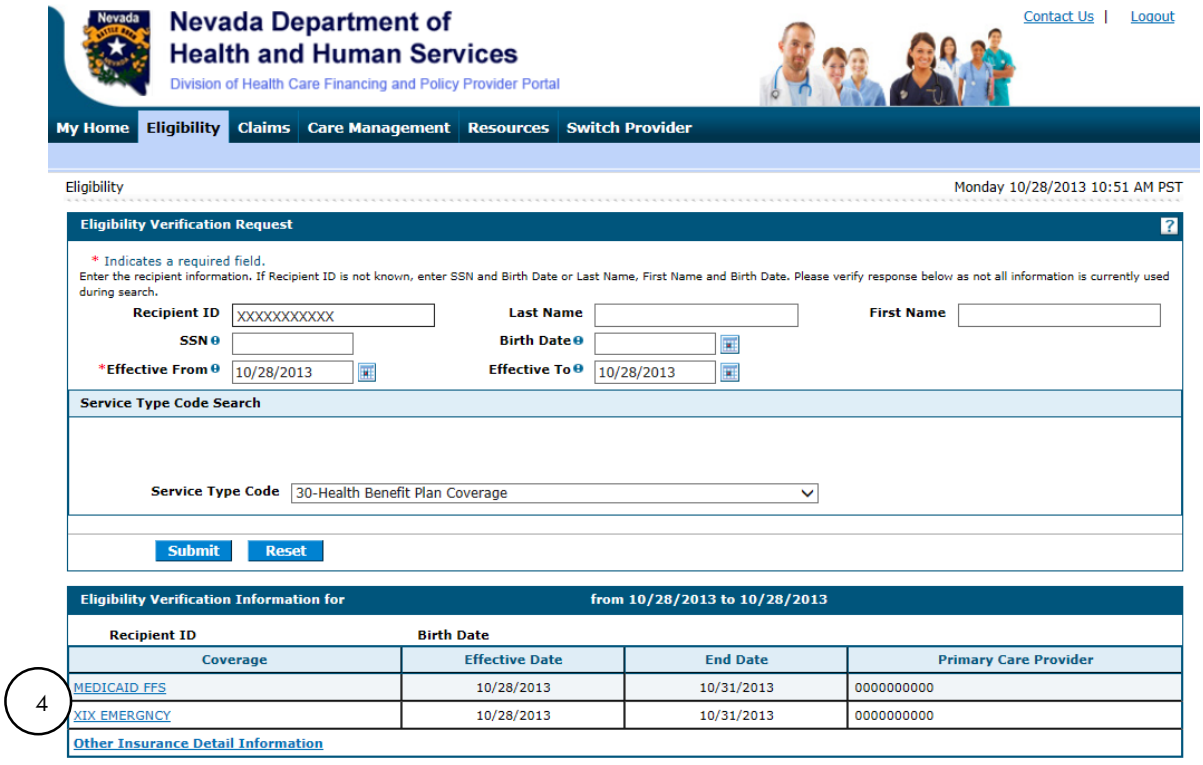
Field	Format
Recipient ID/Member ID	Optional field if using SSN, otherwise required if SSN is not used. Must enter 11-digit recipient/member ID that is found on the front of recipient/member ID card if used. Entered incorrectly will result in "Error" message.
Last Name	Can enter up to 25 characters.
First Name	Can enter up to 20 characters.
SSN	Optional field if using Recipient/Member ID, otherwise required if Recipient/Member ID is not used. Enter 9-digit number without dashes. Entered incorrectly will result in "Error" message. For newborns without SSN, the mother's SSN or recipient/member ID *cannot* be entered
Birth Date	Optional field if using Recipient/Member ID, otherwise required if Recipient/Member ID is not used. Must be entered in MMDDCCYY format.
Effective From Date/Service Date	Required. Service dates cannot span more than one month. Service dates cannot be past current month. Must be entered in MMDDCCYY format. Entered incorrectly will result in "Error" message.
Effective To Date/Service Date	*Effective from* and *effective to* dates must be within the same month and *Effective from* cannot be in the future. Must be entered in MMDDCCYY format. Entered incorrectly will result in "Error" message.
Service Type Code	Optional. This drop-down list contains 50 Service Type codes that can be selected to search by specific Service Type Code. The Service Type code is set to code '30 – Health Benefit Plan Coverage' by default.

3. Click **Submit**.

The eligibility displays on the Eligibility Verification Request screen. It will confirm the Recipient/Member ID, Last Name, First Name, Birth Date and Effective From and To dates. Be sure to verify that the information in the response is for the recipient that you are inquiring about, since all fields may not be used in the eligibility search.

The "Eligibility Verification Information" section will list all available coverage information for that member including current and past Managed Care Organizations (MCO's). Information for other health coverage (OHC) and third party liability (TPL), if applicable, is available by clicking the "Other Insurance Detail Information" link.

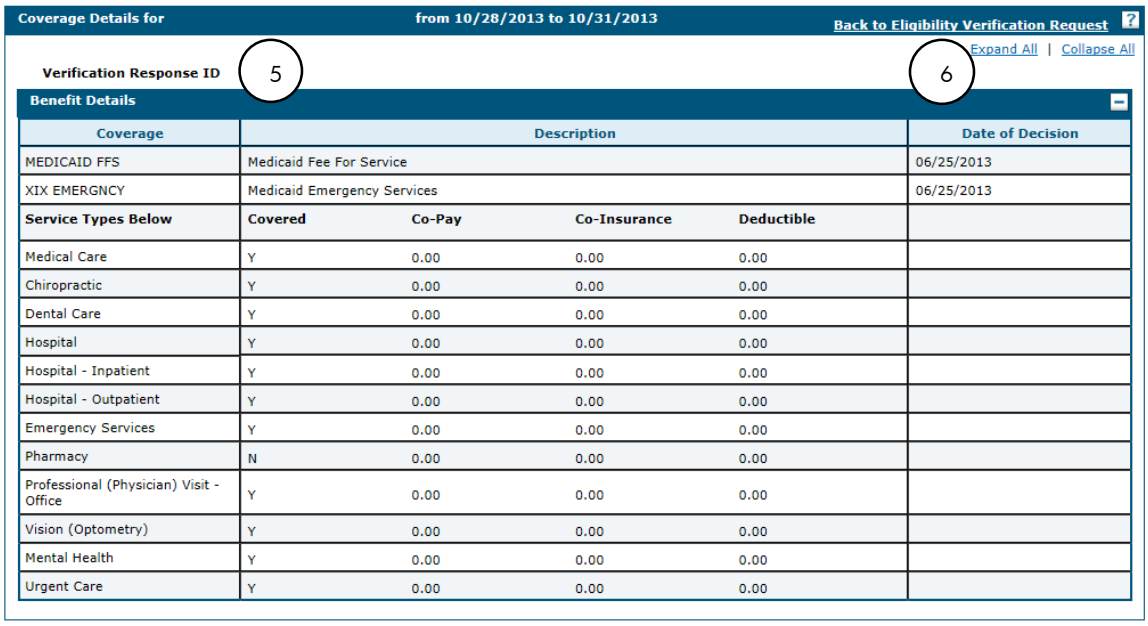
4. To review coverage, click on the hyperlinks below the Coverage field. The Coverage Details screen displays the **Verification Response ID**.
5. This ID should be noted for future reference.
6. Click **Expand All** to view coverage details.



For the Nevada Medicaid or Nevada Check Up program, the expanded coverage details will include:

- Coverage
- Patient liability

- Coverage Description (Benefit Plan)
- Date of Decision (Member certification date)
- Service Types
- Covered
- Co-Pay
- Co-Insurance
- Deductible



Coverage Details for **from 10/28/2013 to 10/31/2013** **Back to Eligibility Verification Request**

Expand All | Collapse All

Verification Response ID 5 6

Benefit Details

Coverage	Description				Date of Decision
MEDICAID FFS	Medicaid Fee For Service				06/25/2013
XIX EMERGNCY	Medicaid Emergency Services				06/25/2013
Service Types Below	**Covered**	**Co-Pay**	**Co-Insurance**	**Deductible**	
Medical Care	Y	0.00	0.00	0.00	
Chiropractic	Y	0.00	0.00	0.00	
Dental Care	Y	0.00	0.00	0.00	
Hospital	Y	0.00	0.00	0.00	
Hospital - Inpatient	Y	0.00	0.00	0.00	
Hospital - Outpatient	Y	0.00	0.00	0.00	
Emergency Services	Y	0.00	0.00	0.00	
Pharmacy	N	0.00	0.00	0.00	
Professional (Physician) Visit - Office	Y	0.00	0.00	0.00	
Vision (Optometry)	Y	0.00	0.00	0.00	
Mental Health	Y	0.00	0.00	0.00	
Urgent Care	Y	0.00	0.00	0.00	

Under coverage, the detail may display MEDICAID FFS or CHECK-UP FFS. This verifies that the recipient is eligible to receive basic Nevada Medicaid or Nevada Check Up benefits.

All members are eligible for the MEDICAID FFS or CHECK-UP FFS benefit plan with three exceptions:

- When the XIX Emergency coverage plan is listed. Medicaid FFS benefits are restricted to emergency services only.
- When just the MED PREMIUM or the PRT MED PREMIUM coverage plan is listed. Medicaid contributes to the member's Medicare premium only. The member is not eligible for other benefits.
- When just the MED CO & DED coverage plan is listed. Medicaid pays the member's Medicare coinsurance and deductibles only. The member is not eligible for other benefits.

Many members in Nevada are required to be enrolled in an MCO program. EVS displays MEDICAID FFS or CHECK-UP FFS and an MCO coverage plan to indicate that a member is enrolled in a MCO.

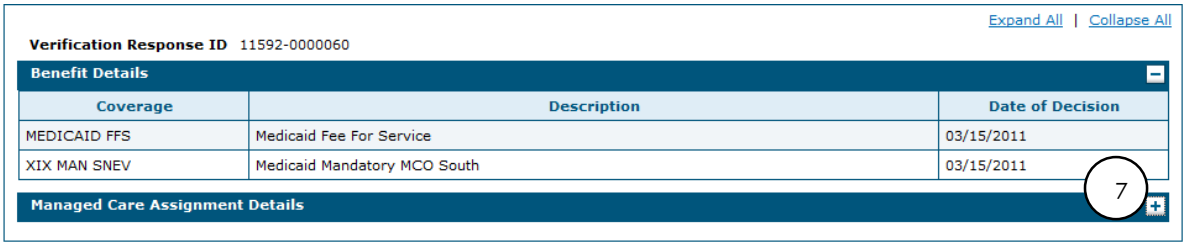
✍ *When a member is enrolled in an MCO, emergency services are covered by the MCO even if emergency services are provided outside of the MCO provider network.*

The table below shows abbreviations used in the EVS Coverage field and the full name of the corresponding coverage plan. For information on which services are covered under a specific plan, please contact your local Medicaid District Office.

EVS Abbreviation	Coverage Full Name
XXI CMM PHAR	Check-Up CMM Lock-In Pharmacy
XXI CMM PHYS	Check-Up CMM Lock-In Physician
XXI CMM TRAN	Check-Up CMM Lock-In Transportation
XXI MAN DFLT	Check-Up Default MCO
XXI VOL DFLT	Check-Up Default Primary Care Case Management (PCCM)
CHECK-UP FFS	Check-Up Fee For Service
XXI HOSP R&B	Check-Up Hospice Room and Board – Nursing Facility
XXI HOSP SVC	Check-Up Hospice Services
XXI ICF/MR	Check-Up Intermediate Care Facility for Mentally Retarded Resident
XXI BECKETT	Check-Up Katie Beckett
XXI MAN NNEV	Check-Up Mandatory MCO North
XXI MAN SNEV	Check-Up Mandatory MCO South
XXI NF	Check-Up Nursing Facility Resident
XXI RTC	Check-Up Residential Treatment Center (RTC) Resident
AGED GRP WVS	Medicaid Aged Waiver – Elderly in Adult Residential Care
AGED HOME WV	Medicaid Aged Waiver - Home Based Senior (Frail Elderly)
ASST LVG WVR	Medicaid Assisted Living Waiver
XIX CMM PHAR	Medicaid CMM Lock-In Pharmacy
XIX CMM PHYS	Medicaid CMM Lock-In Physician
XIX CMM TRAN	Medicaid CMM Lock-In Transportation
XIX MAN DFLT	Medicaid Default MCO
XIX VOL DFLT	Medicaid Default Primary Case Care Management (PCCM)
XIX EMERGNCY	Medicaid Emergency Services
MEDICAID FFS	Medicaid Fee For Service
XIX HIPP	Medicaid HIPP Premium Payments
XIX HOSP R&B	Medicaid Hospice Room and Board – Nursing Facility
XIX HOSP SVC	Medicaid Hospice Services
XIX ICF/MR	Medicaid Intermediate Care Facility for Mentally Retarded Resident
XIX BECKETT	Medicaid Katie Beckett
XIX MAN NNEV	Medicaid Mandatory MCO North
XIX MAN SNEV	Medicaid Mandatory MCO South
MR WAIVER	Medicaid Mentally Retarded (MR) Waiver
XIX NF	Medicaid Nursing Facility Resident
DISABLED WVS	Medicaid Physically Disabled Waiver
XIX PRGNANCY	Medicaid Pregnancy Related Services
XIX RTC	Medicaid Residential Treatment Center (RTC) Resident
TICKET WORK	Medicaid Ticket to Work
NOMATCH FFS	No match Fee For Service

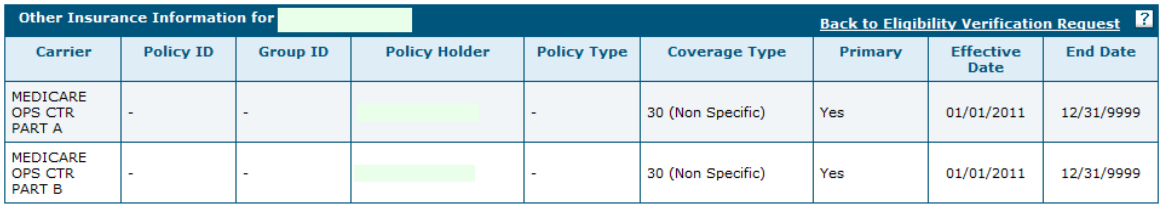
EVS Abbreviation	Coverage Full Name
NOMATCH HIPP	No match HIPP Premium Payments
NMTCH ICF/	MR No match Intermediate Care Facility for the Mentally Retarded Resident
NOMATCH NF	No match Nursing Facility Resident
NOMATCH RTC	No match Residential Treatment Center (RTC) Resident
MED PREMIUM	Full Medicare Premiums
PRT MED PREM	Partial Medicare Premiums
MED CO & DED	Medicare Coinsurance and Deductible
CMO CAREMGMT	Health Care Guidance Program (HCGP)

7. To view Managed Care Assignment, OHC or TPL details (if applicable), click **Expand All** or on the "[+]".



For MCO, OHC or TPL, the expanded coverage details will include:

- Current and previous MCO (if applicable)
- OHC benefit plan (coverage description), Coverage Type with code, and the Primary Care Provider (PCP)
- TPL carrier name, Coverage Type with code, and the Policy ID



A coverage code of 30 means that the recipient is eligible for full benefits from the other insurance carrier (that is, a code of 30 is non-specific). All other codes are shown in the table below.

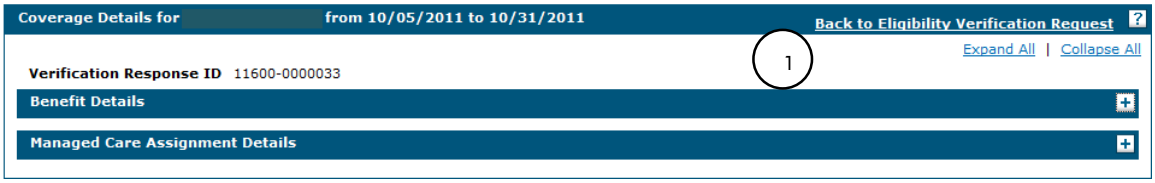
Code-Description	Code-Description
33-Chiropractic	87-Cancer
35-Dental Care	88-Pharmacy
42-Home Health Care	96-Professional (Physician)
47-Hospital	AE-Physical Medicine
54-Long Term Care	AG-Skilled Nursing Care
55-Major Medical	AL-Vision (Optometry)

56-Medically Related Transportation	AN-Routine Exam
60-General Benefits	A4-Psychiatric
69-Maternity	

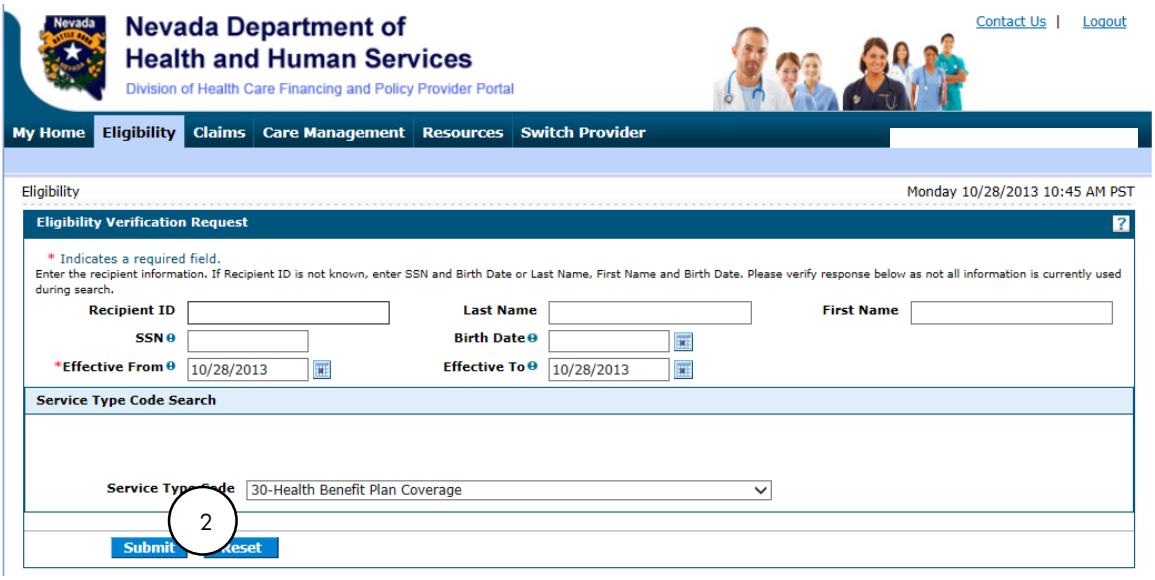
✍ *Reminder: Providers are encouraged to verify OHC or TPL coverage and benefits with the other insurance carrier prior to rendering services to Nevada Medicaid or Nevada Check Up members.*

To go back and enter eligibility verification for another recipient:

1. Click **Back to Eligibility Verification Request**.



2. Click **Reset**.



This will clear all fields to enable you to enter another recipient's information.

If any information entered on the Eligibility Verification Request screen was incorrect or incomplete, a red "Error" message displays letting you know what information is needed to complete the request. Enter the requested information and click **Submit** to continue.

If the recipient is not eligible to receive Nevada Medicaid or Nevada Check Up coverage for the dates entered, the following message will display: "Enrollee is not eligible"

✍ *If you believe a recipient's **private** insurance records are incorrect, please contact Change Healthcare at:*

Mailing Address:
Change Healthcare TPL Unit
P.O. Box 148850
Nashville TN 37214

Phone: (855) 528-2596
Fax: (855) 650-5753
Email: TPL-NV@Changehealthcare.com

Change Healthcare Subrogation Unit
Phone: (855) 528-2596
Fax: (855) 650-5753

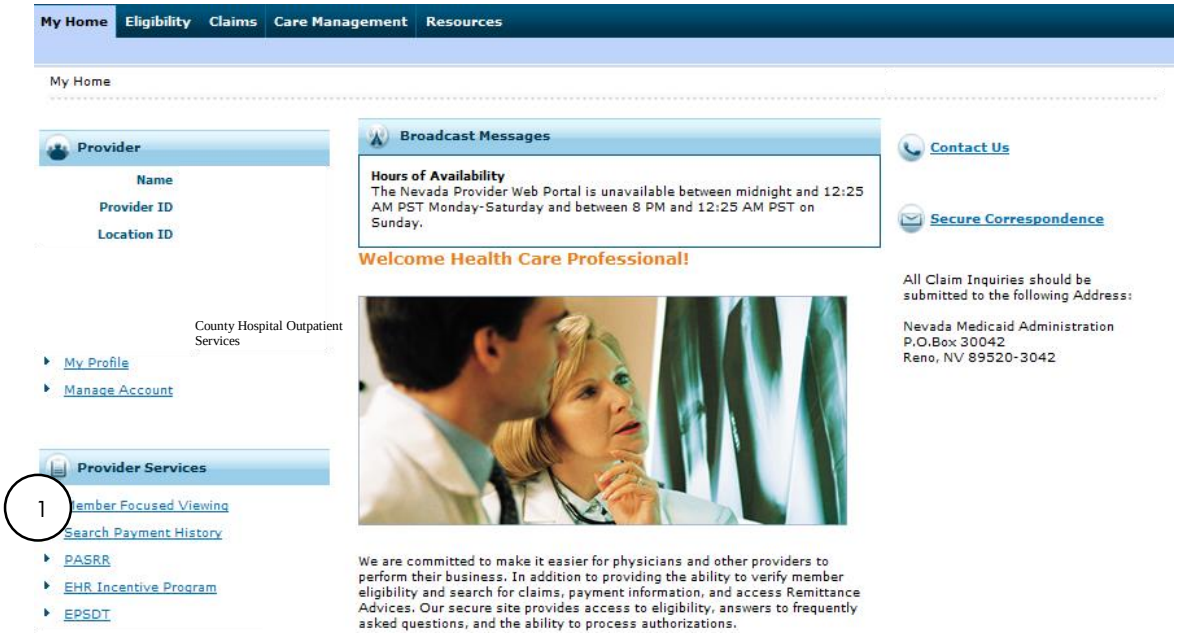
✍ *If you believe a recipient's **Medicare** record is incorrect, please contact the DHCFP at: TPL@dhcfp.nv.gov.*

2.2. Verifying eligibility through member focused viewing

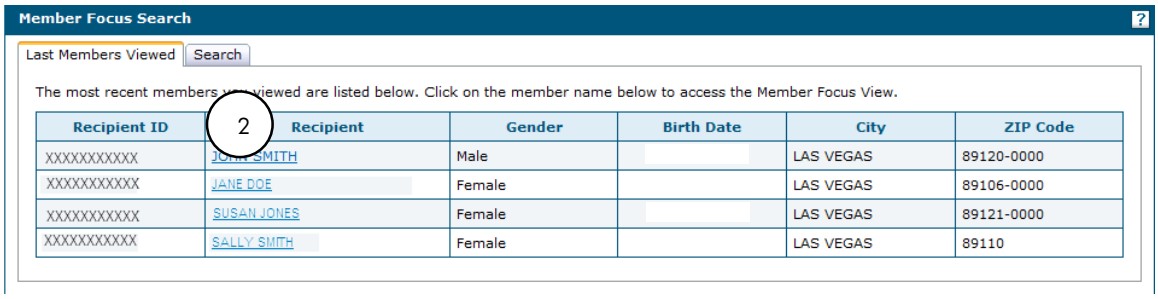
The Member Focused Viewing link allows you to view a summary of all members' information on one page, based on the last 10 members previously viewed in EVS. When you search for other members in EVS, the Member Focus View page remains available, so you do not have to repeat searches.

To verify eligibility:

1. Click **Member Focused Viewing** from the **My Home** page.



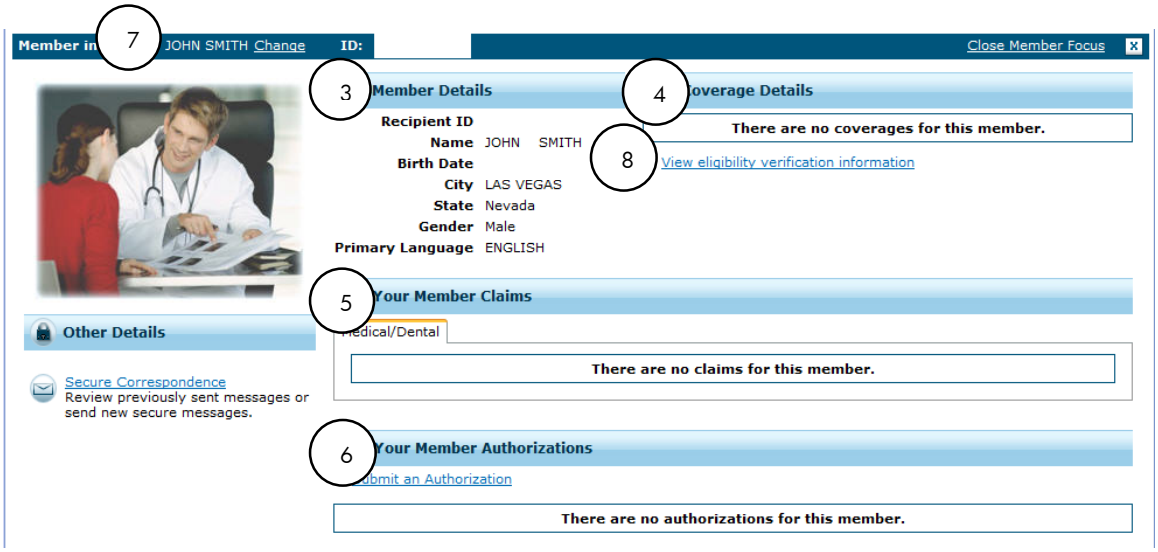
The Member Focus Search page displays two tabs. If you have previously viewed members, the Last Members Viewed tab displays up to the last ten searches. If no members have been previously viewed, then only the Search tab displays. Selection of an individual member from either tab displays the Member In Focus bar at the top of the page, and summary information below, including their recent activity.



2. Click the name that is listed on the Member Focus Search screen.

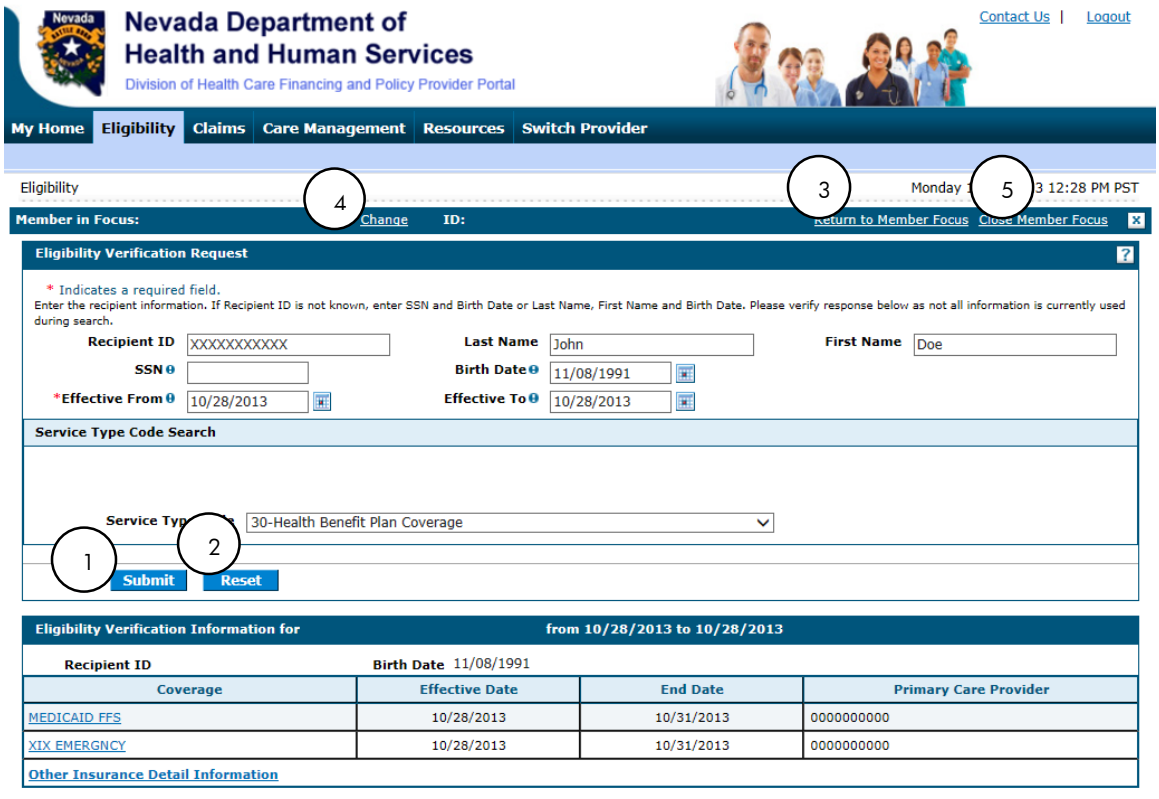
The member details displays:

3. Member's demographics
4. Benefit plans
5. Pending claims
6. Authorizations
7. At the top of the screen, the member will remain in focus even if the user performs eligibility requests on other members. To check eligibility for current member in focus:
8. Click **View eligibility verification information**.



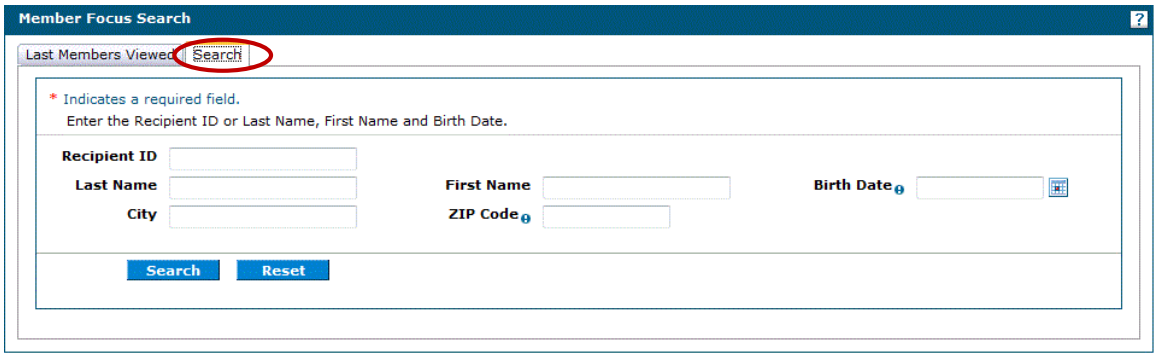
The Eligibility Verification Request screen displays the current Nevada Medicaid and Nevada Check Up coverage for the member/recipient chosen.

1. To check on another eligible date for the same recipient, fill in the **From** and **To** dates and click **Submit**.
2. To check on eligibility for another recipient, click **Reset** and fill in the member's information, then click **Submit**. Even if another recipient's information is displayed for eligibility, the previous member/recipient will still remain in focus.
3. To go back to the previous recipient's detail screen, click **Return to Member Focus**.
4. To change the member in focus, click **Change** next to the name in the Member in Focus. This will take you back to the Member in Focus screen. You then can select from the other members on the list.
5. To remove the member in focus while obtaining eligibility on another member, click **Close Member Focus** or click "[x]" icon. The Eligibility screen displays and you will no longer be in Member Focus Viewing.



The **Search** tab allows you to search for recipients and select a recipient to view. When searching for recipients using name information, you must enter the complete first and last name information. Partial name searches are not supported and will generate a "not found" search response.

> ✍ *To avoid generating a large number of search results, you should enter as much information as possible to limit your searches.*



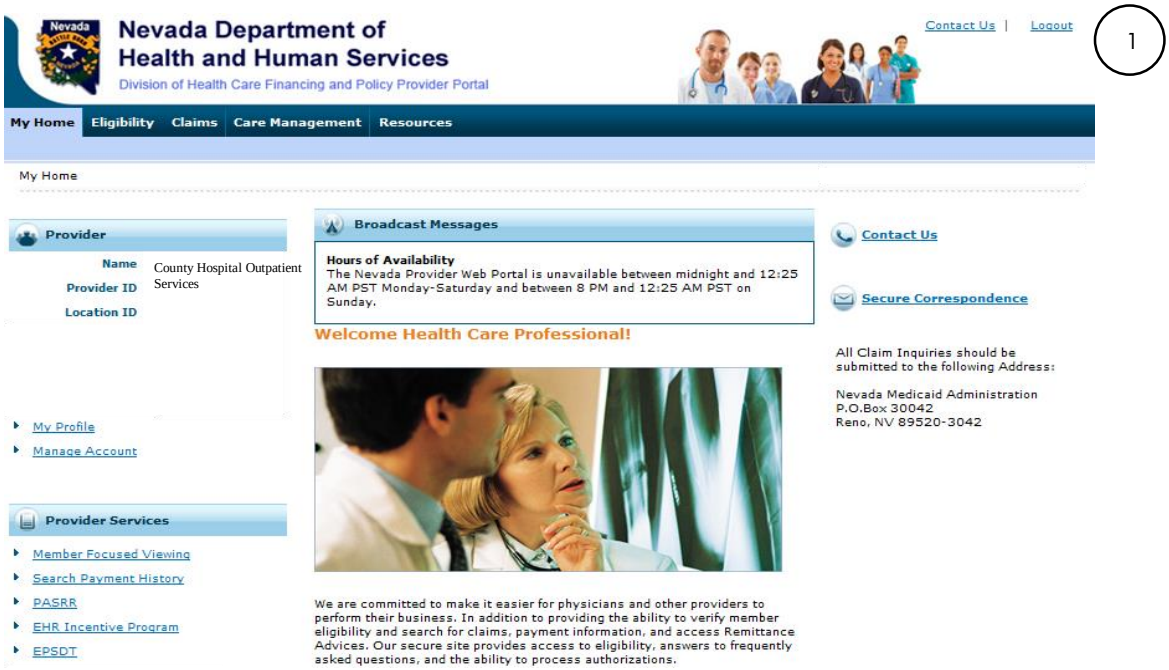
You can view more eligibility searches clicking **Reset**; entering in the member's information and then click **Search**. The search automatically executes and displays results, or displays a message for no results available.

2.3. Logging out of eligibility verification

After verifying eligibility, it is strongly recommended that you log off after each session. This will ensure Protected Health Information (PHI) is secure and makes the login readily available for the next user. To log out of eligibility verification:

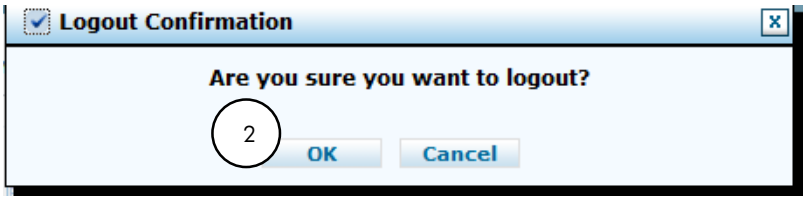
1. Click **Logout** located at the top right-hand corner of the page.

> ✍ *This hyperlink is located in the same area on all screens within EVS.*



After clicking on **Logout**, you will see a Logout Confirmation screen.

2. Click **Ok**, or click **Cancel** to go back to previous screen.



After clicking **OK**, you will be taken back to the Provider Login Home page.